



DONATION-STAFF SUPPORT REQUEST FORM

FIRST NAME: _____ LAST NAME: _____

JOB TITLE: _____ COMPANY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ ORGANIZATION WEBSITE: _____

ARE YOU REQUESTING A: _____ DONATION _____ STAFF SUPPORT

DONATION: REQUEST PROMOTIONAL ITEMS OR PRIZES

STAFF SUPPORT: REQUEST KDFWR PERSONNEL TO ASSIST IN THE EXECUTION OF YOUR PLANNED EVENT, WHICH ALSO PROVIDES OPPORTUNITY TO BENEFIT KDFWR.

OFFICIAL NAME OF EVENT: _____

YEARS IN EXISTENCE: _____

COMPANY OR ORGANIZATION OVERSEEING EVENT: _____

IS YOUR COMPANY A 501 (c) (3) ORGANIZATION: _____

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR ORGANIZATION? _____

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR EVENT? _____

EVENT DATE (S): _____

EVENT LOCATION: _____

TOTAL ESTIMATED ON-SITE ATTENDANCE: _____ TOTAL PARTICIPATION: _____

SPECIFIC REQUESTS/COMMENTS: _____

TO ALLOW ADEQUATE TIME FOR REQUEST TO BE REVIEWED, PLEASE SUBMIT AT LEAST 60 DAYS PRIOR TO EVENT. KDFWR NOT RESPONSIBLE FOR SHIPPING OR DELIVERY COST OF MATERIALS.

FOR KDFWR OFFICE USE ONLY:

REFERRED TO: _____

NUMBER OF PROMOTIONAL ITEMS GIVEN: _____

ACTION TAKEN: _____

DATE SENT OUT: _____